



ST. JOHNSBURY ACADEMY

Colwell Center for Global Understanding

Student Application for International or Domestic Travel

STUDENT INFORMATION

Full Legal Name (Passport Name): _____ Date of Application: _____

Year of Graduation: _____ Student Type: Boarding Day

Preferred Name: _____ Preferred Pronouns: _____

Citizenship: _____ Student Lives With: ___ Father ___ Stepfather ___ Mother ___ Stepmother ___ Other _____

Date of Birth: (MM/DD/YYYY) _____

FAMILY INFORMATION (Parent/Guardian)

Name of Parent/Guardian 1 _____

Name of Parent/Guardian 2 _____

Home Address: _____

Home Address: _____

Home Telephone: _____

Home Telephone: _____

Email: _____

Email: _____

Cell Phone: _____

Cell Phone: _____

Business Telephone: _____

Business Telephone: _____

Citizenship: _____

Citizenship: _____

EMERGENCY CONTACT INFORMATION (Someone other than parent/guardian)

Name: _____

Relationship: _____

Address: _____

Home Telephone: _____

Mobile Telephone: _____

HEALTH INFORMATION

Primary Care Doctor: _____

Address: _____

Telephone: _____

Please describe health issues (physical or mental), if any, that might the student's or the group's wellbeing or convenience:

Please list any prescription medications currently being taken: _____

FOR COMPLETION BY PARENTS OR GUARDIANS

I, _____, support my child's application to participate in an Academy Off Campus Experience, and I attest to the truthfulness of the information above.

Signature: _____

Date: _____



ST. JOHNSBURY ACADEMY

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International Travel Program Parent/Guardian Agreement

Name of Program: _____

I, _____, would like St. Johnsbury Academy ("SJA" or "the School") to allow my child, _____, ("my Child") to participate in the international program named above ("the Program"). Accordingly, I have read and agree to the following:

1. I acknowledge and agree that there are inherent risks to health and personal property associated with travel, residing, and studying abroad under the auspices of the Program.
2. Notwithstanding these risks, I hereby consent to have my child, _____, participate in the Program, including the contemplated foreign travel and studying abroad.
3. I do hereby freely and knowingly assume responsibility for any and all risks, damage or injury that may occur to my Child as a result of his/her participation in the Program.
4. I further freely and knowingly waive any and all claims that I or my Child may have against the School and its cooperating institutions and organizations, including the trustees, employees, agents, volunteers of the School and its cooperating institutions and organizations, and freely and knowingly release the School and its cooperating institutions from any and all claims, damages, rights of action, present or future (whether or not they are known) resulting from or arising out of my Child's participation in the Program.
5. In case of accident or serious illness, I request the School to contact me. If the School is unable to reach me or if the nature of the emergency is so urgent as to preclude contact in advance, I hereby grant permission to the School to administer and/or obtain emergency medical treatment as deemed necessary by the School in the course of the trip or exchange, and I consent to that treatment. I acknowledge and agree that I, and not the School, will be responsible for the costs of any such medical care.
6. I understand that my Child's participation in the Program is conditioned upon her/his good behavior and his/her compliance with the SJA Student Handbook. Any serious instance of poor behavior in or out of school that calls into question my Child's good judgment, dependability and/or standing as a good citizen, and thus as a good potential ambassador to others outside our own country, can be grounds for my Child's dismissal from the Program. I understand that my child can also be dismissed from the Program while abroad if any disruptive behavior or conduct on his/her part brings the Program or the School into disrepute. I understand that any decision to dismiss my child from the Program will be final, and I acknowledge and agree that no refund of monies paid to the School will be made. I understand that any such dismissal will result in my Child being returned to the international airport nearest me as soon as convenient, and I acknowledge and agree that I will be responsible for compensating SJA for the expenses incurred toward that end. I acknowledge and agree further that I will be responsible for arranging for and paying for transportation of my Child from that airport to my home.
7. I understand that any illegal use of any controlled substance (aside from properly used prescription medicines) during the Program will result in my Child being dismissed from the Program and returned to the international airport nearest me as soon as convenient, and I acknowledge and agree that I will be responsible for compensating SJA for the expenses incurred toward that end. I acknowledge and agree further that I will be responsible for arranging for and paying for transportation for my Child from that airport to my home.
8. I acknowledge and agree that any dismissal from the Program or any voluntary withdrawal from the Program would not free me or my Child from our financial obligations to the School. I acknowledge and agree further that any monies paid to the School in connection with my Child's participation in the Program up to the point of any dismissal or withdrawal will not be refunded.
9. I understand that my Child must earn a cumulative GPA above 75% for the school year in order to participate in the Program. Failure to do so will lead to my Child being dismissed from the Program. Again, any monies paid to the School prior to any such dismissal will not be refunded.
10. I understand that a belated withdrawal by me of my Child from the Program might add to the financial obligations of the other Program participants, and I acknowledge and agree that no monies paid to the School prior to any such withdrawal will be refunded.
11. Finally, I have gone over the appended Student Agreement with my Child to make sure that he/she understands it and is willing to abide by its terms.

I have read and understand the foregoing and agree to the conditions described above.

Signature: _____

Date: _____

Print Name: _____



ST. JOHNSBURY ACADEMY

Colwell Center for Global Understanding

International Travel Program Student Agreement

Name of Program: _____

I, _____, would like to participate in the international program named above (“the Program”). Accordingly, I have read and agree to the following:

1. I acknowledge and agree that there are inherent risks to health and personal property associated with travel, residing, and studying abroad under the auspices of the Program.
2. Notwithstanding these risks, I wish to participate in the Program, including the contemplated foreign travel and studying abroad.
3. I do hereby freely and knowingly assume responsibility for any and all risks, damage or injury that may occur to me as a result of my participation in the Program.
4. I further freely and knowingly waive any and all claims that I may have against the School and its cooperating institutions and organizations, including the trustees, employees, agents, volunteers of the School and its cooperating institutions and organizations, and freely and knowingly release the School and its cooperating institutions from any and all claims, damages, rights of action, present or future (whether or not they are known) resulting from or arising out of my participation in the Program.
5. I understand that my participation in the Program is conditioned upon my good behavior and my compliance with the SJA Student Handbook. Any serious instance of poor behavior in or out of school that calls into question my good judgment, dependability and/or standing as a good citizen, and thus as a good potential ambassador to others outside our own country, can be grounds for my dismissal from the Program. I understand that I can also be dismissed from the Program while abroad if any disruptive behavior or conduct on my part brings the Program or the School into disrepute. I understand that any decision to dismiss me from the Program will be final, and I acknowledge and agree that no refund of monies paid to the School will be made.
6. I understand that any illegal use of alcohol or any controlled substance (aside from properly used prescription medicines) during the Program will result in my being dismissed from the Program. I acknowledge and agree that no refund of monies paid to the School will be made.
7. I understand that I must earn a cumulative GPA above 75% for the school year in order to participate. Failure to do so will lead to my being dismissed from the Program. I acknowledge and agree that no refund of monies paid to the School will be made.

I have read and understand the foregoing and agree to the conditions described above.

Signature: _____

Date: _____

Print Name: _____



ST. JOHNSBURY ACADEMY

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STUDENT COMMITMENTS AND EXTRACURRICULAR TRIPS

Part of our mission is to educate students about good character and to help them realize their rights and responsibilities as members of a community. As part of both these efforts, we do all we can to help students learn what it means to make a commitment and how to balance the various commitments they make as members of our community. In prioritizing these commitments, we use the triage of family first, academics second, and athletics/performing ensembles third. Every other commitment comes after these three.

One of those “other” commitments is participation on trips. We are proud to be able to offer, through the initiative and hard work of many faculty and staff, several excellent trips—both international and domestic. Participation in these trips is an honor, a privilege, and not a right, and many trips have a selection process through which candidates must pass to be allowed on a given trip.

Given these two realities, no student will be allowed to sign up for a trip if he/she is in academic trouble (i.e. having failed a course in the previous quarter), in arrears in meeting financial obligations to the school, or a member of a varsity team or performing ensemble that has practices, performances, or games during the time of the trip. Put simply, once a student has committed to be a member of a varsity team or performing ensemble, that commitment trumps all other extracurricular commitments.

Once a list of students interested in a trip has been generated, it will be reviewed by the Associate Headmaster and the Assistant Headmaster for Business Services to determine eligibility.

If a student wishes to appeal his or her exclusion from a trip, they must follow the directions below and complete the entirety of Forms 3 and 3b. Submit both completed documents to the Student Life Office. A committee led by the Associate Headmaster will determine the outcome of the appeal.

Names of Trip/Exchange: _____

Time of travel (Nov., Feb., April, Summer): _____

Please check what applies:

_____ **I acknowledge and recognize that I may have an extracurricular activity or commitment conflict during the time I will be traveling and have completed the rest of this form.**

_____ **I am confirming and acknowledging that I do not have any extracurricular activities or commitments that will pose a conflict at the time of travel and have completed only Page 1 of this form.**

Names of Student (please print): _____

Student’s Signature: _____

Parent/Guardian (please print): _____

Parent/Guardian’s Signature: _____

Form 3 (Cont.)

For students who are varsity athletes or performers in some sort of ensemble who wish to participate in an Academy-sponsored domestic or international trip, here are the considerations and the process.

Considerations

A committee led by Binaca Hanson, the Associate Headmaster will give a final decision on whether the student will be allowed to participate in both the sport/performing ensemble and the trip. This committee will weigh the interests of the student, the coach/director, and the other student participants on the team/in the performing ensemble. The members of this committee are very mindful that many factors come into play and that the circumstances of each case are likely to differ. Here is a list of factors that might need to be weighed (this is not meant to be an exhaustive list):

- Why does the student wish to go on this trip?
- Is the student on a varsity or junior varsity team?
- Will the student have another opportunity to go on such a trip?
- Roster composition – are cuts made for this program?
- What role does the student have on this team or in this ensemble?
- What would this student's absence mean for the rest of the team/ensemble?
- Are there other students on the team or ensemble who would also be absent at the same time? If so, what would the cumulative impact be?

To be clear, participation in an SJA trip is not a right. An appeal does not mean the student will automatically be granted an approval.

The Process

1. The student expresses interest in a trip and completes forms 1 and 2a & b.
2. The student completes form 3, indicates a potential conflict, and submits it to the Student Life Office.
3. The student completes form 3b. This form includes the following:
 - a. A narrative from the student regarding their motivations for participating in the trip and what they believe their absence will mean for their team/ensemble.
 - b. A parental signature that acknowledges and indicates support for the student in this appeals process.
 - c. A signature from the coach or director that acknowledges the student's plans to appeal.
 - d. The student submits form 3b to the Student Life Office. Ideally, this is done in mid-May. If a decision to participate in a trip is made in the fall, form 3b should be submitted no later than the end of September. Generally, the sooner the better.
4. The coach/director will be given an opportunity to communicate their concerns to the Associate Headmaster.
5. Having received form 3b from the student and a statement from the coach/director, the committee will consider the circumstances and issue a verdict.

If you wish to initiate the appeal process, complete form 3b (below).

Form 3b

Student Name: _____

Name of coach/director: _____

Trip: _____

Instruction for the appealing student: Type a personal statement that addresses the following points:

1. What are your motivations for wanting to go on this Academy-sponsored trip?
2. What role do you have on your team?
3. About how many games/performances do you expect to miss?
4. How might your absence affect the team/ensemble?

Please address each of the above questions separately. When your statement is complete, print it out and staple it to this form.

AFTER your statement is complete and attached to this form, ask the relevant persons to sign this document below.

For the Parent/Guardian:

I have read the attached statement, and I support my child's appeal.

Parent/Guardian's Name (printed): _____

Parent/Guardian's Signature: _____ **Date:** _____

For the Coach/Director:

I have read the attached statement, and I am aware of this student's appeal.

Coach/Director's Name (printed): _____

Coach/Director's Signature: _____ **Date:** _____

Return this completed form (with the attached personal statement) to the Student Life Office.

Form 4



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Field Trip Permission Slip and Emergency and Medical Information Form

Student: _____
(Please print)

I agree to and understand that my child may participate and attend the field trip scheduled for

_____ (location) _____ (dates)

I, further agree to and understand not to hold the school or the school's representatives responsible for any injury occurring to the above-named student in the proper course of such activities and travel associated with said field trip.

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to make whatever arrangements necessary to secure emergency medical care that may become reasonably necessary during the field trip.

Name of Parent/Guardian:

Parent/Guardian 1: _____ Primary Phone #: _____

Parent/Guardian 2: _____ Primary Phone #: _____

Emergency information different from parents:

Name: _____ Primary Phone #: _____

List health problems that may affect your child during this field trip:

List any known allergies including food, environmental and medications:

List any medication needed during this field trip:

Any prescription medications must be delivered in the original container with written permission from the prescribing medical provider and the parent. Over the counter medication must be in the original container with written parental permission. The school nurse/assistant school nurse will designate an adult on the trip to carry and dispense medication.

Signature of Parent/Guardian _____ Date: _____



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St. Johnsbury Academy Travel Commitment Form

Trip: _____

Student Participant: _____

(Note to trip/exchange organizer: This form is to be distributed to parents and/or guardians when trip organizers either need a final commitment from the participants or are collecting payments that are not meant to be refundable.)

Dear Parent/Guardian,

International travel opportunities for students are a challenge to organize and fund. The viability of any trip depends on the number of participants and the monetary commitments made by them. Of course, St. Johnsbury Academy cannot force your child's actual participation. That choice is clearly yours. However, St. Johnsbury Academy, the other participants of this trip, and perhaps the trip's vendor (such as EF, if there is one) desire your firm financial commitment. Were someone to drop out of this trip at any stage, the financial burden could be shifted unfairly to other participants, their families, and even St. Johnsbury Academy. Therefore, by signing below, you are declaring a financial commitment to this trip, whether your child participates or not. You are waiving your right to receive a refund of the required \$500 deposit and any other financial payments you make. While St. Johnsbury Academy will not refund the initial deposit of \$500, it would attempt to refund other payments if that can be done without shifting any burden to others. Clearly, St. Johnsbury Academy cannot refund money that has already been paid to a vendor, airline, or hotel, etc. If a financial burden has been shifted to others after you have signed this form but before you have made a payment, St. Johnsbury Academy will charge you for an amount that would prevent any extra monetary obligations from being shifted to the other participants, the Academy, or the trip vendor.

I, _____, have read the statement above, and I agree with its spirit and conditions.

Signature: _____ Date: _____

Thank you for helping Saint Johnsbury Academy safeguard the interests and hopes of all our participants in domestic and international travel!

Regards,

Glenn T. Ehrean
Director, Colwell Center for Global Understanding



ST. JOHNSBURY ACADEMY

Colwell Center for Global Understanding

A Letter Concerning Travel Insurance

Dear Parent/Guardian,

People are constantly surrounded by risks of varying degrees. People on the move and in unfamiliar environments are exposed to more risks than others. St. Johnsbury Academy works hard to keep all its traveling students as safe as possible. In the case of an emergency, however, students should have access to the proper resources and care. Financial risks that could confront a family due to a medical emergency should be minimized. St. Johnsbury Academy wants to know that its students and faculty have access to the following, should it be necessary:

- Emergency medical care.
- Prolonged hospital stays and other medical expenses.
- Emergency Medical Transportation/Evacuation.

To that end, St. Johnsbury Academy requires each student to be enrolled in a travel insurance plan that covers each of the points above.

Even if your child is already covered by your own health insurance policy, an emergency could still put you at financial risk. Sometimes insurance providers in the United States will require the subscriber (that's you) to pay the provider of medical services up front if the provider of those medical services is outside the USA. It is also possible that your insurance company might refuse payment if it does not deem the services to have been medically reasonable and necessary or if the procedure (such as a CT scan) required pre-approval.

By contrast, depending upon which policy you purchase, some medical travel insurance providers might pay the provider of medical services directly. Others may want you to pay up front and request your primary insurer (your US insurer) for reimbursement. Anything then not covered by that insurer would be covered by the travel insurance policy if the provided service is included in the travel insurance policy you selected. That type of policy is considered secondary coverage. If you don't have a primary insurer for your child, the travel insurance provider will pay up front as much as your policy stipulates. Please speak with an agent about the coverage you are considering, so you can be sure that policy will function as you wish it would.

Travel insurance can also cover other travel related complications. You might want to consider them before making a final decision. Examples:

- Trip Cancellation
- Trip Interruption
- Trip Delay
- Missed Connections
- Lost, Stolen, or Damaged Baggage and Personal Effects
- Baggage Delay
- Disability or Life Insurance

Form 6

Of course, such policies can become rather expensive. Ideally, there would be a policy that includes only medical coverage and those expenses that incur due to lost or stolen passports, etc. Unfortunately, most travel insurance covers either just medical emergencies or a host of eventualities that drive up the cost to you. The choice between bare-bones insurance and a deluxe policy is yours. Keep in mind that should a student's passport be stolen or lost, and if that student would miss his or her flight because of that or any other reason, you and your child would have to cover those expenses, unless they are covered in a travel insurance policy (probably a more deluxe one). Policies that cover only medical and evacuation expenses should not cost more than \$60, depending on the duration of the trip/program. If you are only finding policies that cost more than that, you are probably looking at more comprehensive policies. Sometimes, purchasing policies online will lead you to purchase more expensive policies. Try calling an agent directly.

The 2020 COVID-19 epidemic raises the issue of trip cancellation due to epidemics. To the best of my knowledge, the only policies that cover such cancellations are 'cancel for any reason' policies. Such policies are more expensive and usually do not refund the entire cost of a trip. Such policies might be hard to find and might require the initial purchase of another protection plan.

There are a host of insurance companies offering a multitude of travel insurance options. Here are a couple names and links you may investigate:

- Travel Guard: <http://www.travelguard.com/travel-insurance/>
 - Click on the "all products" option and enter your state of residence to find your options with this company.
 - You may also call 1-855-203-8224
- Travelex Insurance: <http://www.travelex-insurance.com>
 - Click on the "browse plans" option. Fill out the 'plan wizard' and then check out the "Travel Plus" policy.
 - You may also call 1-800-228-9792
- Seven Corners, Inc.: www.sevencorners.com/#start
 - 1-800-335-0611
- United Healthcare Global: <https://uhcsafetrip.com/>
 - Very reasonable rates for medical coverage

Squaremouth Travel Insurance is an excellent medical travel insurance aggregator that helps you compares policies and prices from various insurers. I have found that their representatives are excellent (1-800-240-0369). The site is found at <https://www.squaremouth.com/>.

You can also check with a local insurance agency (Poulos Insurance) to see what they can offer. Fill out the form below. Return it to the Director of the Colwell Center for Global Understanding.

Thank you very much for taking the time to read this information and to prepare even for the worst of circumstances. I hope this will provide you with a measure of peace of mind. If you have questions or comments about these forms, please feel free to contact me.

Sincerely,

Glenn T. Ehrean
Director, Colwell Center for Global Understanding
802-751-2499
gehrean@stjacademy.org

Form 6

Important:

- **ALL participants on St. Johnsbury Academy trips MUST purchase a travel insurance policy that covers medical expenses (including medical evacuation) up to at least \$100,000.**
- **You can neither complete this form nor purchase travel insurance before the flights have been purchased. Do not turn this form in until after the purchase has been made and you know what the exact travel dates are.**

This and the next page are to be completed by a parent or guardian:

Student Name (please print): _____

Parent/Guardian Name (please print): _____

Trip: _____

Check the one that applies:

My child is not currently insured by a primary health insurance provider.

My child has a primary health insurance provider.
Below is relevant information regarding the policy:

*Insurance Provider: _____

Policy Number: _____

Telephone Number: _____

***Please attach a front and back copy of your medical insurance card.**

Form 6

I understand that St. Johnsbury Academy requires a medical travel insurance policy with medical insurance coverage of at least \$100,000.

I verify that I have purchased such travel insurance. Below is relevant information regarding the policy I have selected:

*Insurance Provider: _____

Name of Policy (if applicable): _____

Policy or Insurance ID Number: _____

Insurer's Emergency Hotline Number: _____

***Please attach a copy of the confirmation (declaration page) of your policy purchased as well as travel insurance cards provided.**

With my signature below, I verify that I read the letter (above, pages 1 - 2) that was included with this form and that my declarations (on pages 3 and 4) are true.

Parent/Guardian Signature: _____

Date: _____



ST. JOHNSBURY ACADEMY

Colwell Center for Global Understanding

Passport Confirmation for International Travel

Name of Student: _____

Name of Program or Trip: _____

This form is intended to ensure that your child has a valid passport for international travel. *Many countries require foreign tourists to possess a passport that is valid **six months** beyond the individual's date of return.* In order to avoid any uncertainty regarding passport requirements, we ask that you complete and sign this form.

I. Travel Dates (check the one that applies):

- _____ Thanksgiving (back by Dec. 4th at the latest)
- _____ February Break (back by March 8th at the latest)
- _____ April Break (back by April 30th at the latest)
- _____ Summer Break (back by July 18th at the latest)

II. Your Child's Passport Status (check the one that applies):

- A. _____ My child does not have a passport or the passport is not valid six months beyond the latest return date given above (See section I). We are in the process of getting one.
- B. _____ My child has a valid passport. The expiration date is _____ which is a full six months beyond the latest return date given above (See section I).
PLEASE ATTACHED A PHOTOCOPY OF THE PASSPORT ID PICTURE TO THIS FORM.

Dated: _____

Parent's Print Name

Parent's Signature



ST. JOHNSBURY ACADEMY

Colwell Center for Global Understanding

Parental Permission to Travel

My child, _____, a citizen of _____, born on the _____ day of _____ in the year _____, Passport ID number: _____, has my/our permission to travel to _____ from _____ to _____, 20____, under the care of the trip leaders listed below. My child is a member of a group of students from St. Johnsbury Academy, 1000 Main Street, St. Johnsbury, Vermont, USA, where they are enrolled full-time as a student. This group will be traveling as tourists. Below are the details of this trip, including trip leaders, travel itineraries, and group accommodations.

Trip Leaders:

THIS FORM IS FOR YOUR INFORMATION ONLY.

Itinerary Details:

To be completed by Laura Gary when trip details are completed at a later date. If you have a student who will be 18 years old at the time of travel, you DO NOT need this form.

Accommodations:

Signatures:

Name of Parent/Guardian (Print): _____

Signature of Parent/Guardian: _____ Date: _____

Name of Parent/Guardian (Print): _____

Signature of Parent/Guardian: _____ Date: _____

Name of Notary Public (Print) _____

Signature of Notary Public: _____ Date: _____

My Commission Expires on: _____

